

STATE OF NEW JERSEY
Division of Taxation
MOTOR FUEL TAX
PO Box 189
Trenton, NJ 08695-0189

**USE FOR
RENEWAL
ONLY**

APPLICATION FOR RENEWAL OF A GASOLINE JOBBER LICENSE

Application is hereby made by the undersigned for renewal of a Gasoline Jobber's License to operate in the State of New Jersey in compliance with Chapter 39 of Title 54, Taxation, of the Revised Statutes and the Acts amendatory thereof and supplemental thereto. Every Jobber's License is subject to the filing of a bond in such form and amount as provided by law. This license is also subject to payment of a renewal fee of \$450.00 for a three year period. Please return this application and a check or money order made payable to: State of New Jersey-MFT, on or before April 1.

Make any necessary changes below for 1 - 5

1. FID #

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OR Soc. Sec. # of owner

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2. Name _____
(If INCORPORATED - give Corp. Name; IF NOT - give Last Name, First Name, MI of owner(s))

3. Trade Name _____ 5. Mailing Name and Address - (if different from farm address)

4. Business Location: Name _____

Street _____

City _____ State

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Zip Code

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(Give 9-digit Zip)

Zip Code

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(Give 9-digit Zip)

Please fill in all information below:

6. Type of ownership (check one):

☐ NJ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Out-of-State Corporation ☐ Limited Partnership

☐ Other - explain _____

7. Telephone Numbers: Contact Person _____ Title _____

Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____

8. Provide the following information for **ALL** owners, partners or responsible corporate officers. (If more space is needed, attach rider).

NAME (Last Name, First, M.I.)	SOCIAL SECURITY NUMBER	HOME ADDRESS	% OWNED
	TITLE	(Street, City, Zip)	

NOTE: On a separate sheet of paper provide the names of stockholders owning 10% or more of the outstanding shares of stock in the corporation.

9. List parent company, wholly owned subsidiaries, and/or affiliates _____

Item number 10 must be completed by out-of-state businesses.

10. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent) _____

11. If applicant operates retail dealer service stations in applicant's name in New Jersey or sells on consignment or commission sales basis to any person, complete the following:

(a) List location and storage capacity of each company-owned service station. (attach separate rider)

(b) List names and locations of the dealers to whom applicant delivers on consignment or commission basis. (attach separate rider)

12. Operation in New Jersey (gallons):

(a) Total estimated monthly sales _____ uses _____

(b) Number of gallons of gasoline sold by month in New Jersey to different types of customers.

	Number of Different Customers	Monthly Gallons (Sales and Uses)
1. NJ Retail Dealers (not including company-operated)	_____	_____
2. Fleet Operators (at least five vehicles used in business)	_____	_____
3. Large customers (must purchase 2,000 gallons or more annually and who have at least 300 gallon storage capacity) _____	_____	_____
4. Farmers	_____	_____
5. Others	_____	_____
6. Total Disposals	_____	_____

13. Source of Gasoline _____ Name of Supplier _____ Location _____

14. Does applicant hold a Federal Form 637? If so, identify the issuing IRS District Office, provide copy of 637 certificate and copies of your last two quarterly Form 720 reports filed with the IRS. _____

15. Does applicant hold any other New Jersey motor fuels license? If yes, explain _____

16. Has applicant or any related party ever had a Motor Fuel License denied, suspended, cancelled or revoked in New Jersey or any other state? If yes, explain _____

17. Does applicant have any outstanding liability or litigation? If yes, explain _____

18. Describe in detail applicant's planned activity and need for this license. _____

19. Is applicant registered for Petroleum Products Gross Receipts Tax as required by the Act? ☐ YES ☐ NO

20. The undersigned applicant states (under penalty of perjury) that all the information contained in this application is true and accurate in every particular.

Name of Applicant

Signature of Owner, Partner or Officer

Title

Date

All information must be provided before the application can be processed.

The information submitted will assist this office in the processing of your request.

The Division of Taxation reserves the right to conduct a thorough investigation prior to renewing this license.

Return completed application and \$450 fee to: MOTOR FUEL TAX, PO Box 189, Trenton, NJ 08695-0189

FOR DIVISION USE ONLY

License No. _____ Investigation Initiated _____

Effective Date _____ Investigation Completed _____

Approved _____

Recommendations: _____